



☐ COURT OF APPEALS ☐ COURT OF SPECIAL APPEALS
☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR _____

City/County

Located at _____

Court Address

STATE OF MARYLAND

Case No. _____

or

VS.

Plaintiff/Petitioner

Defendant/Respondent

REQUEST FOR ACCOMMODATION BY PERSONS WITH DISABILITIES

Name of Applicant: _____

Applicant is: ☐ Party ☐ Witness ☐ Juror ☐ Attorney ☐ Other

Applicant requests accommodation under Americans with Disabilities Act (ADA) as follows:

1. Type of court proceeding: ☐ Criminal ☐ Civil ☐ Traffic ☐ Juvenile ☐ Other: _____
2. Hearing/Trial date: _____ Time: _____
3. Nature of disability related impairment (specify): _____

4. Type of accommodation(s) (be specific - a list of examples of accommodations is available at the clerk's office). If requesting sign language interpreter, specify type: _____

5. Please provide any further information that may assist the court in providing a reasonable accommodation (specify): _____

☐ I request that this information be kept confidential to the extent allowed by law.

I certify that to the best of my knowledge this information is true and correct. I agree to provide medical documentation if required by the court.

Date

Signature of Applicant/Applicant's Representative

Applicant/Applicant's Representative's Address

Telephone No.

The clerk's office and the ADA Coordinator are available to provide further assistance.

- ☐ The request for accommodation is GRANTED; or
☐ Alternate accommodation(s) GRANTED (specify): _____

- ☐ The request for accommodation is DENIED.
☐ Applicant does not qualify under the ADA.
☐ It fundamentally alters the nature of the service program or activity as defined by the ADA.
☐ It creates an undue burden on the court as defined by the ADA.

Date

Judge/Administrative Official

If you disagree with this decision, you can file a Grievance. (Form CC-DC 50 is available for this purpose.)